

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT  
ENFORCEMENT AND REMOVAL OPERATIONS  
ICE HEALTH SERVICE CORPS**

**CLINICAL PRACTICE GUIDELINES FOR CHRONIC CARE CONDITIONS**

**IHSC Directive: 03-04  
ERO Directive Number: 11735.1  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: 24 Mar 2016**

---

**By Order of the Acting Assistant Director  
Stewart D. Smith, DHSc/s/**

---

- 1. PURPOSE:** This issuance sets forth the policy and procedures for designating Clinical Practice Guidelines to be used to guide treatment for chronic care conditions.
- 2. APPLICABILITY:** This directive applies to all Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
- 3. AUTHORITIES AND REFERENCES:**
  - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
  - 3-2** Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 USC § 1222](#)), Detention of Aliens for Physical and Mental Examination.
  - 3-3.** Title 8, Code of Federal Regulations, Section 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
  - 3-4.** Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 USC § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
  - 3-5.** Title 42, U.S. Code, Section 252 ([42 USC § 252](#)), Medical Examination of Aliens.

**4. POLICY:** The frequency and content of periodic health assessments for individuals with chronic illnesses will be in accordance with the recommendations of nationally recognized organizations and/or in accordance with IHSC personnel's medical/clinical expertise. The following resources will be used to guide treatment:

**4-1. Asthma**

IHSC Asthma Clinical Practice Guideline  
[Asthma](#)

**4-2. Chemical Dependence/Intoxication/Withdrawal**

Federal Bureau of Prisons Clinical Practice Guideline: Detoxification of the Chemically Dependent Inmate  
[Detoxification of Chemically Dependent Inmates](#) (2014)

**4-3. Depression**

Federal Bureau of Prisons Clinical Practice Guideline: Management of Major Depressive Disorder  
[Depression](#) (2014)

**4-4. Diabetes**

Federal Bureau of Prisons Clinical Practice Guideline: Diabetes  
[Diabetes](#) (2012)

**4-5. Epilepsy**

American Epilepsy Society  
<http://www.aesnet.org/go/practice/guielines>

**4-6. Hepatitis A, B, and C**

Federal Bureau of Prisons Clinical Practice Guidelines for Hepatitis A, Hepatitis B: [Hepatitis A](#) (2008); [Hepatitis B](#) (2011)  
IHSC Hepatitis C Clinical Guidelines  
[OM CG-001 Hepatitis C Clinical Guideline](#)

**4-7. HIV**

Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents NIH <http://www.aidsinfo.nih.gov/guidelines>

**4-8. Hypertension**

IHSC Hypertension Clinical Practice Guideline  
[Hypertension FINAL combined](#)

**4-9. Lipids**

2013 American College of Cardiology/American Heart Association Blood Cholesterol Guideline  
2011 American Heart Association Scientific Statement: Triglycerides and

Cardiovascular Disease  
<https://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>  
<https://circ.ahajournals.org/content/123/20/2292.full.pdf>

**4-10. Schizophrenia**

Federal Bureau of Prisons Clinical Practice Guideline: Pharmacological Management of Schizophrenia  
[Schizophrenia \(2015\)](#)

**4-11. Sickle Cell Disease**

IHSC Sickle Cell Disease Clinical Practice Guideline  
[The Guidelines for the management of sickle cell disease 2014](#)

**4-12. Transgender Care**

IHSC Clinical Guidelines for the Treatment of Gender Dysphoria  
[GD clinical guidelines Final 2-18-2015](#)

**4-13. Tuberculosis**

American Thoracic Society, Centers for Disease Control and Prevention, and Infectious Disease Society of America: Treatment of Tuberculosis  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>

**5. PROCEDURES:** N/A

**6. HISTORICAL NOTES:** This policy replaces subsection 8.23 of the legacy DIHS Chapter 8, Medical. It is the first issuance in the new policy format.

**7. DEFINITIONS:** See definitions for this policy in the IHSC Glossary located on SharePoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)

**8. APPLICABLE STANDARDS:**

**8-1. Performance Based National Detention Standards (PBNDS) 2011:**  
4.3 Medical Care

**8-2. ICE Family Residential Standards**  
4.3 Medical Care

**8-3. American Correctional Association (ACA):**  
1-HC-1A-16 Chronic Care; 4-4359 Chronic Care;  
4-ALDF-4C-19 Chronic Care

**8-4. National Commission on Correctional Health Care (NCCHC):**

Standards for Health Services in Jails, 2014

J-E-12 Continuity and Coordination of Care During Incarceration

**9. PRIVACY AND RECORDKEEPING.** IHSC maintains records generated as provided in this policy in accordance with applicable DHS Policy and the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015).

**Protection of Medical Records and Sensitive Personally Identifiable Information (PII).**

**9-1.** Medical records, whether electronic or paper, may only be disclosed to or accessed by those officers and employees of the agency which maintain the record who have a need for the record in the performance of their duties. Paper records must be secured at all times within a locked cabinet or room when not under the direct control of an officer or employee of the agency with a need for the record in the performance of his or her duties.

**9-2.** Staff is trained at orientation and annually on the protection of patient medical information and Sensitive PII.

**9-3.** Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at:

(b)(7)(E)

when additional information is needed concerning safeguarding Sensitive PII.

**10. NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.